



Cambridge Youth Programs
Pre-teen February Vacation Week Program Presents:
MY LIFE AS A GAME SHOW!

Join us at the Gately Youth Center or Area 4 Youth Center (for Four Full Days of
Pre-teen Programming!

Please Check One:

☐ Gately Youth Center: 70R Rindge Ave., Cambridge, MA 02140 Phone: (617)349-6277

☐ Area 4 Youth Center 243 Harvard St. Cambridge, MA 02139 Phone: (617)349-6262

This program is open for grades 4th and 5th (who are 9 years old and up) who are Cambridge Residents

**Space is limited, so be sure to sign up at your
local Youth Program as soon as possible no
later than **February 14, 2013****

When: Tuesday, 2/19/13 to Friday, 2/22/13

Deadline for Applications:

Thursday, February 14, 2013

All information must be complete and handed in

Time: 9:00 am - 6:00 pm

Fee: The cost of the program is a \$20.00 non-refundable deposit & an additional \$10.00 if you
sign your child up for ice skating. **CASH ONLY**

Lunch is not provided: please have your child bring a lunch
(With the exception of Chunky's)

The following Field Trips are being planned for vacation week.
*Please check off below to indicate which field trips your child
will be attending. **Please note that the trip to Chunky's is
mandatory if your child attends camp on that day.***

☐ Chunky's, Nashua NH, Thursday (all you can eat
pizza, popcorn & an ice cream sundae)

☐ Ice Skating, (please check in with your respective
center for the location)

REGISTRATION INFORMATION

Last Name _____ First Name _____ Date of Birth _____

"Home" Youth Center/Program _____ Home Phone # _____

Name of Parent/Guardian: _____

Cell phone #: _____ Work phone #: _____ Hours at Work: _____

If more than one child in your household is applying, please complete the following:

Name of Additional Child: _____ **Date of Birth:** _____

_____ **Date of Birth:** _____

Medical Information: Please describe any medical/physical conditions which CYP and EEH Staff should be
aware of (dietary restrictions, allergies, chronic health conditions, medications): _____

Additional Emergency Contact (If Parent/Guardian is not available)

Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Guardian Permission

As _____'s legal guardian, I hereby authorize him/her to participate in CYP/EEH's February vacation
week daily activities and field trips, which may involve riding the MBTA with supervision.

In the event of a serious illness or injury, I express my consent of the administration of emergency medical care, including
anesthesia. I understand that the staff of CYP will make a reasonable effort to contact me first in case of emergency. I will
not hold CYP or any member of the staff responsible for such illness or injury.

Signature of Parent/Guardian

Date

Dismissal Information: (Please check one of the following)

☐ My child will be picked up by the following person(s): _____
Relationship to child: _____

☐ My child has permission to walk home

Very important: Program Staff will only follow these instructions; all persons picking up a child MUST be on the list.